

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L38011

**FILED**  
**Apr 23, 2011**  
**Secretary of State**

**Entity Name:** WALLENBROCK SUPPLY, INC.

**Current Principal Place of Business:**

1870 BOYSCOUT DRIVE  
SUITE 301  
FT. MYERS, FL 33907 US

**New Principal Place of Business:**

**Current Mailing Address:**

1870 BOYSCOUT DRIVE  
SUITE 301  
FT. MYERS, FL 33907 US

**New Mailing Address:**

**FEI Number:** 65-0161598

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALLENBROCK, NORMA L.  
8120 BRETON CIR  
FORT MYERS, FL 33912 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** WALLENBROCK, NORMA L.  
**Address:** 8120 BRETON CIR  
**City-St-Zip:** FORT MYERS, FL 33912

**Title:** VDTs  
**Name:** WALLENBROCK, GLEYN  
**Address:** 1870 BOY SCOUT DR #301  
**City-St-Zip:** FORT MYERS, FL 33907

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** GLEYN WALLENBROCK

VDTs

04/23/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date